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**SCULLY, SCOTT, MURPHY  
& PRESSER, P.C.****Fax****RECEIVED  
CENTRAL FAX CENTER****JUL 05 2006****To:** Examiner Peter J. Vrettakos  
Art Unit: 3739**From:** Thomas Spinelli, Esq.  
Registration No.: 39,533**Fax:** 571-273-8300**Pages:** 10**Phone:** 571-272-4775**Date:** July 5, 2006**Re:** USSN: 10/761,960  
Our Docket: 17377**CC:**☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Acknowledge**

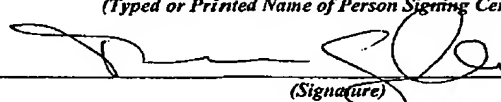
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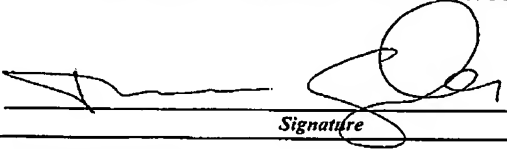
1. Response W/Transmittal in Duplicate
2. Certificate of Facsimile Transmission

Applicants: Kazuya Hijii, et al.  
Serial No.: 10/761,960  
For: ELECTRIC SURGERY APPARATUS FOR SUPPLYING  
ELECTRIC POWER SUITABLE FOR SUBJECT TISSUE  
Filed: January 21, 2004  
Docket: 17377  
Dated: July 5, 2006  
TS:cm

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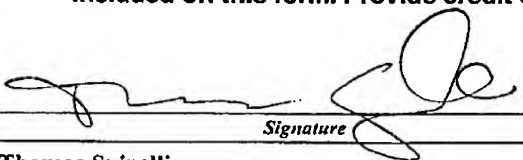
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<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>		Docket No. <b>17377</b>	
Applicant(s): <b>Kazuya Hijii, et al.</b>			
Application No. <b>10/761,960</b>	Filing Date <b>January 21, 2004</b>	Examiner <b>Peter J. Vrettakos</b>	Group Art Unit <b>3739</b>
Invention: <b>ELECTRIC SURGERY APPARATUS FOR SUPPLYING ELECTRIC POWER SUITABLE FOR SUBJECT TISSUE</b>			
Confirmation No.: <b>3891</b>			
<div style="text-align: right; margin-bottom: 20px;"> <b>RECEIVED</b>  <b>CENTRAL FAX CENTER</b>  <b>JUL 05 2006</b> </div> <p>I hereby certify that this _____ <b>RESPONSE</b> _____  <i>(Identify type of correspondence)</i></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>July 5, 2006</u>  <i>(Date)</i></p> <div style="text-align: center; margin-top: 40px;"> <u>Thomas Spinelli</u>  <i>(Typed or Printed Name of Person Signing Certificate)</i>    <i>(Signature)</i> </div> <p style="text-align: center; margin-top: 40px;"><b>Note: Each paper must have its own certificate of mailing.</b></p>			

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					<b>Docket No.</b> 17377	
Applicant(s): <b>Kazuya Hijii, et al.</b>						
<b>Application No.</b> 10/761,960	<b>Filing Date</b> January 21, 2004	<b>Examiner</b> Peter J. Vrettakos	<b>Customer No.</b> 23389	<b>Group Art Unit</b> 3739	<b>Confirmation No.</b> 3891	
Invention: <b>ELECTRIC SURGERY APPARATUS FOR SUPPLYING ELECTRIC POWER SUITABLE FOR SUBJECT TISSUE</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	<b>CLAIMS REMAINING AFTER AMENDMENT</b>	<b>HIGHEST # PREV. PAID FOR</b>	<b>NUMBER EXTRA CLAIMS PRESENT</b>	<b>RATE</b>	<b>ADDITIONAL FEE</b>	
<b>TOTAL CLAIMS</b>	12 -	20 =	0	x \$50.00	\$0.00	
<b>INDEP. CLAIMS</b>	7 -	7 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 _____ Signature			Dated: <b>July 5, 2006</b>			
<b>Thomas Spinelli</b> Registration No.: 39,533			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p style="text-align:center;">(Date)</p><p style="text-align:center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align:center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>			
CC:						

P11LARGE/REV09



<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					<b>Docket No.</b> 17377	
Applicant(s): <b>Kazuya Hijii, et al.</b>						
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Invention: <b>ELECTRIC SURGERY APPARATUS FOR SUPPLYING ELECTRIC POWER SUITABLE FOR SUBJECT TISSUE</b>						
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<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	12 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	7 -	7 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 _____ Signature			Dated: <b>July 5, 2006</b>			
Thomas Spinelli Registration No.: 39,533			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____.</p><p>_____ (Date)</p><p>_____ Signature of Person Mailing Correspondence</p><p>_____ Typed or Printed Name of Person Mailing Correspondence</p></div>			
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<b>Applicants:</b>	Kazuya Hijii, et al.	<b>Examiner:</b>	Peter J. Vrettakos
<b>Serial No:</b>	10/761,960	<b>Art Unit:</b>	3739
<b>Filed:</b>	January 21, 2004	<b>Docket:</b>	17377
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<b>Conf. No.:</b>	3891		

Mail Stop Amendment  
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P.O. Box 1450  
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**RESPONSE**

Sir:

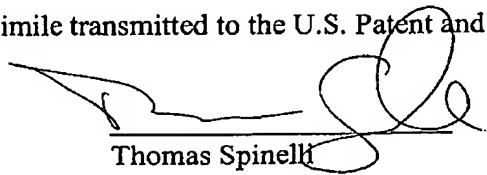
In response to the Official Action dated April 5, 2006, Applicants respectfully requests reconsideration of the above-identified application in light of the following remarks:

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**CERTIFICATE OF FACSIMILE TRANSMISSION**

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Dated: July 5, 2006

  
Thomas Spinelli

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